

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

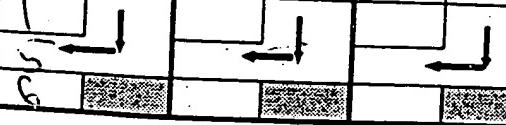
CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS



CLAIMS	IND		DEP		IND		DEP		IND		DEP	
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